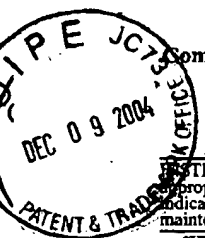


PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**
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7590

09/14/2004

VERTEX PHARMACEUTICALS INCORPORATED
130 Waverly Street
Cambridge, MA 02130-4646

12/10/2004 HBERHE1 00000052 500725 10039898

01 FC:1501 1400.00 DA
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Karen DiRocco

(Depositor's name)

(Signature)

(Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/039,898 | 01/03/2002 | David Lauffer | VPI/98-19 US | 8724 |

TITLE OF INVENTION: CYCLIZED AMINO ACID DERIVATIVES

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|--------------------------|-----------------|--------------------------|------------|
| nonprovisional | NO | \$4330 \$1400 | \$300 | \$4630 \$1700 | 12/14/2004 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|-------------------------------|----------|----------------|
| BALASUBRAMANIAN, VENKATARAMAN | 1624 | 514-252130 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Nandakumar Govindaswamy

Vertex Pharmaceuticals

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Vertex Pharmaceuticals Incorporated

Cambridge, Massachusetts 02139

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

Date

Typed or printed name

Nandakumar Govindaswamy

Registration No.

Ltd. Recognition

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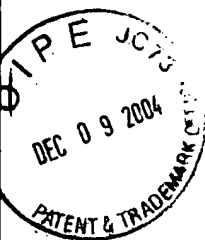
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FAX

| | |
|------------------------|---|
| To | GAU: 1624 |
| | Examiner: Venkataraman |
| | Balasubramanian |
| Company | USPTO |
| FAX | (703) 746-4000 |
| From | Nandakumar Govindaswamy |
| Date | December 9, 2004 |
| Subject | Application No. 10/039,898 |
| | Attorney Docket No. VPI/98-19 US |
| | Confirmation No.: 8724 |
| Pages to Follow | 4 |

I hereby certify that this correspondence, and any documents referred to as attached hereto, is/are being transmitted to the United States Patent and Trademark Office, Facsimile Number: (703) 746-4000 on this 9th day of December 2004.


Karen DiRocco

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